



# Montana Medicaid

# CLAIM JUMPER

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## Ask ACS: New Provider Relations Helpdesk

ACS Provider Relations is excited to announce that we have implemented a new way for providers to contact us with questions. You are guaranteed a response within 24 hours when you submit questions to the following email addresses:

- [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com) is for general eligibility and claims questions.
- [MTEDIHelpdesk@ACS-inc.com](mailto:MTEDIHelpdesk@ACS-inc.com) is for general EDI and electronic billing questions.

Please observe HIPAA regulations and do not send emails containing Individually Identifiable Health Information such as client ID, name, or date of birth.

*Submitted by ACS*

## School Program Changes

The department is in the process of proposing new rule language for the Comprehensive Community and School Treatment (CSCT) program. The main amendment will change the 80-unit limit per client per month to a 720 unit per program team per month. This will allow better flexibility in providing services and being paid for those children in most need of the CSCT service. This proposed change to the rule will require each program team to have a provider number. Therefore, if a school has more than one team providing services to children in their school, that school must obtain provider numbers for each team.

Other proposed rule language includes moving language from the EPSDT rule to the mental health center rule. The department chose this because only mental health centers may provide CSCT services and they already apply these rules. The proposed rule language will also require that outpatient mental health services provided in conjunction with CSCT services be prior authorized to alleviate duplication of services as well as assure that services can be provided outside CSCT if they are medically necessary.

*Submitted by Michelle Gillespie, DPHHS*

## Speech-Language Pathologists

Effective July 1, 2005, procedure 97535 will no longer be valid for speech-language pathologists to bill to Medicaid. It has been determined that services billed under this code by SLPs would be inclusive in the

speech treatment procedure, and therefore, should be billed as such.

*Submitted by Michelle Gillespie, DPHHS*

## Health E Web Attachments

At this time, Health E Web (HEW) cannot send the paperwork attachment indicator on 837 transactions. If your claim requires an attachment, it cannot be sent through HEW. Providers who use HEW as a clearinghouse should contact HEW, not ACS, to mitigate this issue.

*Submitted by ACS*

## Web Portal Available Soon

ACS will be implementing a Web Portal in fall 2005. The portal will be implemented in three stages over several months: eligibility verification and claim review, claim submission, and medical history. Information in the Web Portal will be linked in real time to the MMIS, the database managed and used by ACS. Watch future issues of Claim Jumper to learn more about the Web Portal.

*Submitted by ACS*

## Correspondence from Medicare about Drugs

People with Medicare are beginning to receive information about the new Medicare prescription drug benefit (Part D) and may look to their providers for guidance.

Montana's 16,000 dual-eligibles (who have both Medicaid and Medicare) should have received a letter during the past two weeks giving them the following information: (1) Starting January 1, 2006, Medicare will pay for their drugs instead of Medicaid,

but Medicaid will continue to pay for other health care costs. (2) They will automatically get extra help paying for their prescription drugs and do not need to apply for the extra help. (3) They will get more information from Medicare in their handbook this fall and there is nothing they need to do now. The full text of this letter is available at [www.cms.hhs.gov/medicare-reform/lir.asp](http://www.cms.hhs.gov/medicare-reform/lir.asp).

People with both Medicaid and Medicare will also receive a letter from Medicare in early November giving them the names and contact information of the Medicare prescription drug plans into which they have been automatically enrolled, and letting them know they can enroll in a different plan or change plans at any time.

Other low-income people who have Medicare but do not have Medicaid will receive a letter from the Social Security Administration during June, July, or August telling them they may get help paying for prescription drugs. People who receive this letter should complete and return the application, or apply online after June 25 at [www.socialsecurity.gov](http://www.socialsecurity.gov).

Additional mailings people with Medicare will receive later this year include notices from employer health plans or from Medigap H, I, and J plans that their drug coverage is or is not comparable to the Medicare drug benefit; and the "Medicare and You 2006" handbook. Prescription drug plans and Medicare Advantage plans will begin marketing to people with Medicare on October 1.

For provider-specific information on Medicare's prescription drug benefit, go to [www.cms.hhs.gov/medicare-reform/pdbma/provider.asp](http://www.cms.hhs.gov/medicare-reform/pdbma/provider.asp).

*Submitted by Mary Noel, DPHHS*

## OCR Tips

ACS has implemented an Optical Character Recognition (OCR) software that reads all CMS 1500 claim forms, including professional cross-overs. Information from paper claims is converted into an electronic format. For improved processing speed, please follow these OCR tips and those listed in the April and May issues of Claim Jumper.

- Do not mark out information on the claim
- Do not put Medicare paid amount in Field 29
- Do not send information in fields 9 or 11 if there is no other insurance coverage for the client

*Submitted by ACS*

## Patient Account Numbers Now on RAs

When both the patient account number and the medical record number are submitted on electronic professional claims, the MMIS has reversed these numbers and reported on the medical record number on the Remittance Advice. The MMIS will be updated to report the patient account number on the Remittance Advice within the next several weeks. Please be aware of this change when reviewing your remittance advice.

*Submitted by ACS*

## Bill CHIP First with Dually Eligible Clients

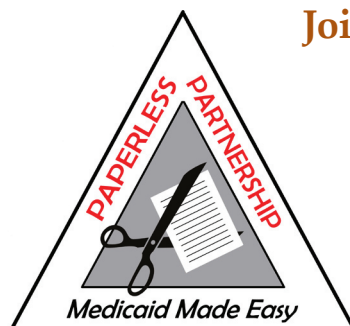
If a client is dually eligible for CHIP and Medicaid, claims must be billed to CHIP first. If CHIP denies the services during the dual eligibility period, providers may bill Medicaid in the following circumstances:

- CHIP does not cover the services
  - The CHIP spending limit has been met for the benefit period
- Claims submitted to Medicaid must be sent with documentation from CHIP demonstrating the reason for denial.

*Submitted by ACS*

## Dental Program Update

An updated *Dental and Denturist* program manual and a new fee schedule will be available July 1, 2005 for dental providers. Manuals and fee sched-



## Join the Paperless Partnership

*It's Medicaid made easy!*

## Electronic Billing Options and Benefits

**Did you know that providers who wish to submit their claims electronically can do so in three ways?**

- Send your claims to a clearinghouse that submits them to ACS in a HIPAA compliant format
- Develop your own HIPAA compliant software or purchase software from a software vendor that has tested with ACS for HIPAA compliance
- Submit electronic claims using WINASAP 2003, a free HIPAA compliant software developed by ACS for providers

**If you submit your claims electronically, you will be able to take advantage of the following benefits:**

- Your claims will bypass a two to three week processing period
- You can receive a same-day notification confirming that ACS received your claims in a HIPAA compliant format
- You will receive free support from ACS if you use WINASAP or use a clearinghouse or software vendor approved by ACS. Call the Provider Relations EDI Helpdesk at (800) 624-3958 for more information or email the new Ask ACS helpdesk at [MTEDIHelpdesk@ACS-inc.com](mailto:MTEDIHelpdesk@ACS-inc.com).

ules are available on the *mtmedicaid.org* website or providers may contact Provider Relations.

### EAS Begins in August

Montana Medicaid is excited to announce a new feature that will benefit PASSPORT To Health providers and their clients. Expedited Appointment Screening (EAS) will help identify clients who are in need of a physical exam or Well Child exam, pre-natal care, medical treatment, or those who might need medications within the next 30 days. Montana Medicaid will then send this information to the client's PASSPORT provider.

Beginning next month, Montana Medicaid's Help Line and enrollment broker will begin gathering this information from clients new to the program. This data will then be sent to the client's PASSPORT provider. For clients already enrolled in the program, this information will be collected during outreach calls and also forwarded to their PASSPORT provider. Providers will continue to receive the same provider enrollee lists, as well as a separate list with new clients and their EAS information.

While clients will supply EAS information on a voluntary basis, the PASSPORT program expects this new tool will be beneficial to

the provider and the client as well. Montana Medicaid believes this tool will help the client establish a medical home more quickly, thereby receiving appropriate, medically necessary services at the right time. The implementation of EAS offers PASSPORT providers many benefits, including:

- PCPs will be able to tell which clients are new to their caseloads
- The information gathered may help PCPs determine if one of their patients needs to be seen immediately.

For more information about EAS, contact PASSPORT Program Officer Niki Scoffield at (406) 444-4148 or [niscoffield@mt.gov](mailto:niscoffield@mt.gov).

*Submitted by Anastasia Burton, DPHHS*

## Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from the Provider Information website at [www.mtmedicaid.org](http://www.mtmedicaid.org). Select *Resources by Provider Type* for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	Provider Type	Description
<b>Notices</b>		
05/05/2005	Pharmacy	Notice regarding Pharmacy Reviews
06/01/2005	Personal Assistance	Notice regarding rate increase and July fee schedule
06/01/2005	Home Health	Notice regarding rate increase and July fee schedule
06/01/2005	Speech Therapy	Notice regarding code change
06/01/2005	Physicians, Mid-Levels, RHC, FQHC, IHS, Public Health Clinics, Hospital Inpatient and Outpatient	Notice regarding Medicaid coverage update
<b>Other Resources</b>		
05/12/2005	School Based Services	Updated manual and manual replacement pages with updated Key Contacts and place of service
05/12/2005	Pharmacy	Updated preferred drug list and preferred drug quick list
05/16/2005	Inpatient Hospital	Powerpoint presentation: Outpatient Prospective Payment Systems Billing Guide
05/16/2005	All Providers	Notes and photos from PASSPORT To Health Summit in Helena
05/17/2005	All Providers	Notes and photos from PASSPORT To Health Summit in Havre
05/21/2005	Pharmacy	Updated PDL and PDL Quicklist
05/23/2005	All Providers	Updated PASSPORT To Health Handbook
05/23/2005	Pharmacy	Medicaid Drug Use Review Board/Formulary Committee Meetings: Information for June 22, 2005, meeting
05/24/2005	All providers	Notes and photos from PASSPORT To Health Summit in Billings
05/25/2005	Pharmacy	Updated PDL and PDL Quicklist
06/01/2005	Clients	Updated Getting Started Brochure
06/01/2005	All Providers	Medicaid News: Nurse First Reaches Unprecedented Levels
06/01/2005	All Providers	Notes from PASSPORT To Health Summits in Havre and Billings
06/02/2005	All Providers	June Claim Jumper
06/03/2005	Pharmacy	Updated PDL and PDL Quicklist



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## Key Contacts

Provider Information website: <http://www.mtmedicaid.org>

ACS EDI Gateway website: <http://www.acs-gcro.com>

ACS Provider Relations, EDI Help Desk and PASSPORT

(800) 624-3958 (In and out-of-state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

TPL (800) 624-3958 (In and out-of-state)

(406) 443-1365 (Helena)

(406) 442-0357 Fax

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-sale Help Desk for Pharmacy Claims (800) 365-4944

Prior Authorization

DMEPOS (406) 444-0190

Mountain-Pacific Quality Health Foundation (800) 262-1545

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

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P.O. Box 4936  
Helena, MT 59604

Claims Processing  
P.O. Box 8000  
Helena, MT 59604

Third Party Liability  
P.O. Box 5838  
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